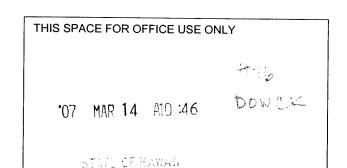


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(First) Amy	(Middle)	TELEPHONE	
,	·		
Amy	C.	İ	
		536-5688	
MAILING ADDRESS (Street)			
		536-5720	
(State)	(Zip Code)		
HI	96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			
Pacific Management Consultants, Inc.			
MAILING ADDRESS (Street)			
		536-5720	
(State)		(Zip Code)	
Н		96817	
	HI you are employed by a business entity whice tants, Inc. (State)	HI you are employed by a business entity which has been retained to lobby) tants, Inc. (State)	

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU	TELEPHONE		
Department of Water, C	808-245-5400		
MAILING ADDRESS (Street)	FAX		
4398 Pua Loke Street, F	808-246-8628		
(City)	(State)	(Zip Code)	
Lihue	HI	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Wynne M. Ushigome	808-245-5408		
MAILING ADDRESS (Street)	FAX		
4398 Pua Loke Street, P.O. Box 1706		808-246-8628	
(City)	(State)	(Zip Code)	
Lihue	HI	96766	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agricultu	ure	Education	☐ Human Services	Science, Technology & Economic Development		
Commu	nications & Itilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consum Comme	er Protection & rce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture,	Arts, Historic ation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology Environi	, Energy mental Protection	Housing	Public Safety & Corrections			
PART IV	CERTIFICATION	OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
(i	Cercing Herano 3/6/07			6/07		
	(Signature of Lobbyist) (Date)			(Date)		
PART V AUTHORIZATION TO LOBBY						
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Wynne N	Л. Ushigome	Acting Manager & Chief Engineer				
NAME OF C	ORGANIZATION (if app	olicable)		TELEPHONE		
Department of Water, County of Kauai		808-245-5408				
MAILING ADDRESS (Street)		FAX				
4398 Pua Loke Street, P.O. Box 1706		808-246-8628				
(City	′)	(State)	(Zip Code)		
Lihue		HI 96766				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the unders igned.						
	·	! Eshigone)	3/12/07		
	(Signature of Auth	norizing Officer or Person Repr	resented)	(Date)		